

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



## Swing Bed



### RURAL HEALTH FACT SHEET SERIES





This publication provides the following:

- ❖ Information about the requirements that hospitals and Critical Access Hospitals (CAH) must meet in order to be granted approval to furnish either acute or Skilled Nursing Facility (SNF) level care via a swing bed agreement; and
- ❖ Resources.

A hospital, as defined in Section 1861(e) of the Social Security Act, or CAH with a Medicare agreement to furnish swing bed services may use its beds as needed to furnish either acute or SNF level care. In order to be granted, and retain, approval to furnish post-acute level SNF care via a swing bed agreement, the following requirements must be met:

- ❖ For a hospital:
  - The hospital is located in a rural area, which includes all areas that are not delineated as urbanized or defined as not located in an urbanized area by the U.S. Census Bureau based on the most recent census;
  - The hospital has fewer than 100 beds (excluding beds for newborns and intensive care-type units);
  - The hospital has a Medicare provider agreement, as a hospital;
  - The hospital is substantially in compliance with the following SNF participation requirements:

- ▶ Residents' rights, as specified in the *Code of Federal Regulations* (CFR) under 42 CFR 482.66b(1) and (2);
- ▶ Admission, transfer, and discharge rights;
- ▶ Resident behavior and facility practices;
- ▶ Patient activities;
- ▶ Social services;
- ▶ Discharge planning;
- ▶ Specialized rehabilitative services; and
- ▶ Dental services;
- The hospital has not had a nursing waiver granted as specified under 42 CFR Section 488.54(c); and
- The hospital has not had a swing bed approval terminated within the two years previous to application for participation.

❖ For a CAH:

- The CAH is substantially in compliance with the following SNF participation requirements:
  - ▶ Residents' rights as specified under 42 CFR 482.66b(1) and (2);
  - ▶ Admission, transfer, and discharge rights;
  - ▶ Resident behavior and facility practices;
  - ▶ Patient activities (except for direction);
  - ▶ Social services;
  - ▶ Comprehensive assessment, comprehensive care plan, and discharge planning (with some exceptions);
  - ▶ Specialized rehabilitative services;
  - ▶ Dental services; and
  - ▶ Nutrition.

A CAH may provide no more than 25 inpatient beds. When a CAH has Medicare approval to furnish swing bed services, it may use any of its 25 inpatient beds for either acute care or SNF level care. Any bed that is within a CAH distinct part unit that is Medicare certified to furnish SNF, rehabilitation, or psychiatric care does not count as part of its maximum 25 inpatient beds.

Hospitals that are paid under the Acute Care Hospital Inpatient Prospective Payment System (IPPS) and CAHs may use any acute care bed within the hospital or CAH, with the exception of beds within their IPPS



excluded rehabilitation or psychiatric unit, beds in an intensive care-type unit, or beds for newborns, for the provision of swing bed services.

Medicare beneficiaries must receive acute care as a hospital or CAH inpatient for a medically necessary stay of at least three consecutive calendar days in order to qualify for coverage of SNF level services.

Effective with cost reporting periods beginning on or after July 1, 2002, swing bed hospitals (other than CAHs) are paid for their SNF-level services under the SNF PPS. The SNF PPS covers all costs (ancillary, routine, and capital) related to covered services furnished to Medicare beneficiaries under a Medicare Part A covered SNF stay, with the exception of certain specified services that are separately billable under Part B. Swing bed CAHs are exempt from the SNF PPS and are instead reimbursed for their SNF-level services based on 101 percent of the reasonable cost of the services.

Rural hospitals and CAHs that have swing bed approval increase Medicare beneficiary access to post-acute SNF care and maximize the efficiency of operations by meeting unpredictable demands for acute and long-term care.

## Resources

Additional information about swing bed services is available at [http://www.cms.gov/SNFPPS/03\\_SwingBed.asp](http://www.cms.gov/SNFPPS/03_SwingBed.asp) and in Chapter 6 of the Medicare Claims Processing Manual (Pub. 100-4) and Chapter 8 of the Medicare Benefit Policy Manual (Pub. 100-2) located at <http://www.cms.gov/Manuals/IOM/list.asp> on the Centers for Medicare & Medicaid Services (CMS) website. To access the CFR, visit <http://www.gpoaccess.gov/cfr/index.html> on the Internet.



## HELPFUL WEBSITES

**American Hospital Association Rural Health Care**  
[http://www.aha.org/aha/key\\_issues/rural/index.html](http://www.aha.org/aha/key_issues/rural/index.html)

**Critical Access Hospitals Center**  
<http://www.cms.gov/center/cah.asp>

**Disproportionate Share Hospital**  
[http://www.cms.gov/AcuteInpatientPPS/05\\_dsh.asp](http://www.cms.gov/AcuteInpatientPPS/05_dsh.asp)

**Federally Qualified Health Centers Center**  
<http://www.cms.gov/center/fqhc.asp>

**Health Resources and Services Administration**  
<http://www.hrsa.gov>

**Hospital Center**  
<http://www.cms.gov/center/hospital.asp>

**HPSA/PSA (Physician Bonuses)**  
<http://www.cms.gov/hpsapsaphysicianbonuses>

**Medicare Learning Network**  
<http://www.cms.gov/MLNGenInfo>

**National Association of Community Health Centers**  
<http://www.nachc.org>

**National Association of Rural Health Clinics**  
<http://www.narhc.org>

**National Rural Health Association**  
<http://www.nrharural.org>

**Rural Health Clinics Center**  
<http://www.cms.gov/center/rural.asp>

**Rural Assistance Center**  
<http://www.raconline.org>

**Swing Bed Providers**  
[http://www.cms.gov/SNFPSP/03\\_SwingBed.asp](http://www.cms.gov/SNFPSP/03_SwingBed.asp)

**Telehealth**  
<http://www.cms.gov/Telehealth>

**U.S. Census Bureau**  
<http://www.Census.gov>

## REGIONAL OFFICE RURAL HEALTH COORDINATORS

Below is a list of contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues.

### Region I – Boston

Rick Hoover  
E-mail: [rick.hoover@cms.hhs.gov](mailto:rick.hoover@cms.hhs.gov)  
Telephone: (617) 565-1258  
States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Region II – New York

Miechal Lefkowitz  
E-mail: [miechal.lefkowitz@cms.hhs.gov](mailto:miechal.lefkowitz@cms.hhs.gov)  
Telephone: (212) 616-2517  
States: New Jersey, New York, Puerto Rico, and Virgin Islands

### Region III – Philadelphia

Patrick Hamilton  
E-mail: [patrick.hamilton@cms.hhs.gov](mailto:patrick.hamilton@cms.hhs.gov)  
Telephone: (215) 861-4097  
States: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia

### Region IV – Atlanta

Lana Dennis  
E-mail: [lane.dennis@cms.hhs.gov](mailto:lane.dennis@cms.hhs.gov)  
Telephone: (404) 562-7379  
States: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

### Region V – Chicago

Christine Davidson  
E-mail: [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov)  
Telephone: (312) 886-3642  
States: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

### Region VI – Dallas

Becky Peal-Sconce  
E-mail: [becky.peal-sconce@cms.hhs.gov](mailto:becky.peal-sconce@cms.hhs.gov)  
Telephone: (214) 767-6444  
States: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

### Region VII – Kansas City

Robert Epps  
E-mail: [robert.epps@cms.hhs.gov](mailto:robert.epps@cms.hhs.gov)  
Telephone: (816) 426-6538  
States: Iowa, Kansas, Missouri, and Nebraska

### Region VIII – Denver

Lyla Nichols  
E-mail: [lyla.nichols@cms.hhs.gov](mailto:lyla.nichols@cms.hhs.gov)  
Telephone: (303) 844-6218  
States: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

### Region IX – San Francisco

Neal Logue  
E-mail: [neal.logue@cms.hhs.gov](mailto:neal.logue@cms.hhs.gov)  
Telephone: (415) 744-3551  
States: Arizona, California, Hawaii, Nevada, Guam, Commonwealth of the Northern Mariana Islands, American Samoa, Marshall Island, Republic of Palau, and Federated States of Micronesia

### Region X – Seattle

Teresa Cumpton  
E-mail: [teresa.cumpton@cms.hhs.gov](mailto:teresa.cumpton@cms.hhs.gov)  
Telephone: (206) 615-2391  
States: Alaska, Idaho, Oregon, and Washington



This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website. Additional disclaimers may apply and will be supplied by DPIP staff and/or the Project Officer.